

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT
IDENTITY VERIFICATION AND AUTHORIZATION TO ACCESS OR DISCLOSE
CONFIDENTIAL EDUCATION INFORMATION (FOR ALUMNI RECORDS)**

The purpose of this Identity Verification and Authorization is to establish the identity and authorization of an individual who seeks access to confidential information, or who requests disclosure/release of such confidential education information.

This form is provided as a means for eligible students, parents, guardians and other persons in a parental relationship to establish their identity and relation to the subject of the confidential records **and** to give the District permission to release or disclose educational records. An "*eligible student*" is an individual seeking educational information about him/herself who has reached 18 years of age or attends a postsecondary institution (34 CFR §99.3), or, if the student is currently receiving special education services, is over the age of 18 and the parent/guardian's rights under IDEA have been transferred to the student.

Pursuant to your inquiry about, or request to disclose, protected records, you are being asked to provide the following information to the District to confirm your identity and establish your eligibility to receive or direct disclosure of such records. The completed form can be accepted via the following:

| Email | In Person | Send by US Mail |
|---|---|--|
| email completed form and a copy of the former student's government issued id card to: alumnirecords@cccsd.org | must bring to the Senior High School, the completed form which has either been notarized or accompanied by a copy of the former student's government issued id card | mail completed form which has been notarized or accompanied by a copy of the former student's government issued id card to: Churchville-Chili Senior High School Attn: Main Office (Records Request) 5786 Buffalo Rd Churchville, NY 14428 |

GOVERNMENT ISSUED IDENTIFICATION CARD (Must have a photo and a signature)

Examples of acceptable id: Driver's License, Passport, U.S. Military Identification Card, Resident Alien Card (Green Card), U.S. Passport, State-Issued Identification Card

Examples of unacceptable id: Birth Certificates, Social Security Cards, School ID cards, Credit Cards

Identity Verification and Authorization

I, _____ hereby affirm that I am (check appropriate box),
first name last name of person requesting records

the eligible student or a person in parental relationship to or a legal guardian of the student

_____, _____,
student first name last name when enrolled at C-C student current first name student current last name

student birth date ____/____/____ year of graduation ____
MM DD YYYY YYYY

to whom the confidential educational record(s), information, or data relate. I affirm that I know of no reason for which I am lawfully prevented from receiving or authorizing release of the requested confidential information or data. My current mailing address is:

Number Street Apt. #

City State Zip Code

My daytime telephone number with area code is: (____) _____ - _____ ext. _____

My email address is: _____

Note: this authorization applies to only records possessed or maintained by the District and will remain in effect until it is revoked in writing.

I hereby give the District permission to provide personally identifiable educational record(s), information or data as indicated on the back of this form, to (check box):

Myself (the person filling out this form)

Third Party _____
Name Organization

Number Street Apt. #

City State Zip Code

I specifically authorize the District to release the confidential educational record(s), information, or data specified in this written request, made pursuant to law.

Official Transcript
(Official Transcripts will be in a sealed envelope, must remain in the envelope in order to be considered official, includes all grades and testing scores)

Unofficial Transcript
(Unofficial Transcripts can be sent to the former student.)

Health Records

Requested special education records only *(may include, but not limited to, Individualized Education Plan ("IEP"), psychological/physiological assessments and therapies)*

Other/Special Instructions, specify: _____

Do you authorize the District to transmit protected educational record(s), information or data via email or fax (check box): No Yes (provide email address/fax number): _____

Do you require a confirmation email? No Yes

I understand the District will rely on this form both for verification of identity and as authority to provide consent to release confidential educational record(s), information or data. Furthermore, I declare and affirm under penalty of perjury that these statements made herein are true and correct to the best of my knowledge, information and belief. Signature of Student: _____

I have attached a copy of my government issued id; OR

IF SELECTING TO NOTARIZE INSTEAD OF PROVIDING A GOVERNMENT ISSUED IDENTIFICATION CARD, PLEASE HAVE NOTARY PUBLIC COMPLETE THE SECTION BELOW.

Acknowledgement to Be Completed by a Notary Public

Signature of Student _____ Date _____
(must be signed in front of a notary public)

State of _____) County of _____) S.S.:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared, personally known to me, or proved to me on the basis of satisfactory evidence, to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public *(Please sign and affix stamp)*